

China admits its AIDS crisis

Ted Plafker *Beijing*

With unprecedented frankness China's top health officials have acknowledged that the world's most populous country faces an HIV and AIDS crisis, and they have vowed to bring new resources to bear in their campaign to limit the spread of the virus.

China's vice minister of health, Yin Dakui, presented alarming data at a Beijing press conference last month indicating that rates of HIV infection are far higher than previously reported, and also that increased percentages of specific groups, such as drug misusers, are now testing positive.

"Like many other countries, we are facing a very serious epidemic of HIV and AIDS," Mr Yin said as he announced that reported infections of HIV in the first six months of 2001 were 67.4% higher than in the same period last year.

By the end of 2000, Mr Yin said, China had 600 000 people infected with HIV. But he also predicted that China would manage to hold the number below 1.5 million through to 2010.

According to a report issued by the US embassy in Beijing,



A health worker hands out AIDS posters at Beijing's west railway station on World AIDS Day last year

the rapid rise in the reported rate of infections is due to increased testing for the virus when people fall ill, and the actual rise in total infections is likely to be just over 30%.

Earlier this year a report by the United Nations AIDS office estimated that there were more than one million with HIV infection in China at the end of 2000 and warned that by the year 2010 the number could rise to 20 million.

During his press conference Mr Yin also acknowledged seri-

ous lapses in the government's work on HIV and AIDS, particularly in its efforts at public education and its management of the blood supply.

Mr Yin said that between 30 000 and 50 000 people had been infected while selling blood through poorly managed collection operations, where reused and unsterilised equipment is common.

He also outlined the risks to recipients of blood products, saying that in China's highest

risk areas nearly four in 10 000 transfusions carry a risk of transmitting AIDS.

"We have not effectively controlled the epidemic," he acknowledged, adding that much of the blame lay with local officials in rural parts of the country.

According to China's five year action plan for AIDS, by 2005 the rate of infection from clinical blood transfusions should be brought down to one in 100 000 or less nationwide and to one in 10 000 in regions with a high incidence of HIV infection. By the same year the overall annual rate of increase in the number of people infected with HIV should be reduced to 10% or less.

The health ministry has authorised 200 million yuan (£16.4m; \$23m) in new spending to meet its goals. Specific initiatives will include improvement of standards and compliance throughout the blood and plasma collection system; establishment of preventive and therapeutic health services; and development of general prevention education, as well as specialised education efforts aimed at prostitutes and drug users. One of the sharpest rises reported by Mr Yin was that in the percentage of infected drug users, which climbed from 0.5% in 1995 to its current level of 5%. □

India wakes up to threat of bioterrorism

Rohit Sharma *Mumbai*

Experts in bioterrorism last week recommended that India expand its disease surveillance network and its ability to monitor bioterrorism. They want to ensure that bioterrorist attacks are not passed over as natural disease outbreaks or outbreaks of unknown origin, or classified as an emerging infectious disease.

There is no proof that biological warfare attacks have been carried out against India, but all the factors are very much in place, Colonel Anantasubramanian Nagendra, head of microbiology at the armed forces medical college in Pune, told a conference on pathogens of biological warfare at the National Institute of Communicable Diseases in New Delhi.

Terrorist incidents have occurred across India and insurgents are fighting in Kashmir, with the support of Pakistan and Osama bin Laden's terror network. "We have to wake up," Colonel Nagendra said.

The threat of biological warfare has been engaging the attention of Indian defence and medical experts for a long time. During the Indo-Pakistan war of 1965, a scrub typhus outbreak in northeastern India came under suspicion. India's defence and intelligence outfits were alert to the outbreak of pneumonic plague—well known in biological warfare—in Surat and bubonic plague in Beed in 1994, which caused several deaths and sizeable economic loss.

Dr Kamal Datta, director of the National Institute of Communicable Diseases, alluded at the conference to some "suspicious" outbreaks, such as a 1996 outbreak of dengue in Delhi (10 252 cases; 423 deaths), and the outbreak of unidentified encephalitis in Siliguri, eastern India, in February this year (66 cases; 45 deaths). Both outbreaks have baffled Indian researchers.

Molecular characterisation studies on the dengue-2 virus samples were done by researchers from the institute and from the All India Institute of Medical Sciences.

"We compared the 1996 samples with 1967 samples and found that there is roughly 10% divergence and nearly 30 mutations," Dr Syed Pasha of the institute said. "Whereas the earlier isolate was genotype 5, the 1996 isolate is genotype 4 and is more virulent."

"We never had such a major

episode like the 1996 dengue haemorrhagic fever outbreak from any part of the country with so many cases at one particular point in time," said Mr Datta. "Has it come from outside India? We are still not very sure."

"We cannot even exclude that possibility," said Dr Mahendra Yadav, director of the Indian Veterinary Research Institute.

Indian health and defence experts are not even sure about the origins of the 1994 plague episodes. "The *Yersinia pestis* strains that are percolating in established plague foci in India are very much less virulent and definitely different from the samples we have seen from the plague outbreak region," said Dr Harsh Batra, joint director of the Defence Research and Development Establishment, who led the studies on outbreaks of plague. In the absence of more data and samples, he refused to attribute the 1994 plague conclusively to external biowarfare. □